

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) GUX-012.01	
In re Application of Alan P. Kozikowski <i>et al.</i>			
Application Number 10/614,498-Conf. #8108		Filed July 7, 2003	
For HISTONE DEACETYLASE INHIBITORS AND METHODS OF USE THEREOF			
Art Unit 1625		Examiner R. J. Desai	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>250.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-1448</u>.</p> <p><input checked="" type="checkbox"/> The fee of \$450.00 for a three-month extension of time (\$510.00 minus \$60.00 previously submitted for the first one-month extension of time) is submitted concurrently herewith.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>51,917</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </div> <div style="width: 35%; text-align: center;"> <p><u>/Hilary Dorr Lang/</u> Signature</p> <p><u>Hilary Dorr Lang</u> Typed or printed name</p> <p><u>(617) 832-1223</u> Telephone number</p> <p><u>May 24, 2007</u> Date</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p>			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			